



10-16-06

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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21874 7590 8/14/2006
Edwards Angell Palmer & Dodge, LLP
P.O. Box 55874
Boston, MA 02205

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Lisa A. Rollins	(Depositor's name)
<i>Lisa A. Rollins</i>	(Signature)
October 13, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/678,994	10/03/2003	Hiroyuki Shimada	59521(48229)	8918

TITLE OF INVENTION:

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/14/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
CHEN, KIN CHAN		1765	438-720000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John J. Penny, Jr.

2 George N. Chaclos

Edwards Angell Palmer &
Dodge, LLP

10/17/2006 CHEN2 00000018 041185 10678994

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.
01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:0001 30.00 DA

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

(A) NAME OF ASSIGNEE
SEIKO EPSON CORPORATION
(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *George Chaclos*

Date *October 13, 2006*

Typed or printed name *George N. Chaclos*

Registration No. *46,608*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/678,994-Conf. #8918
TOTAL AMOUNT OF PAYMENT		Filing Date	October 3, 2003
(\$) 1,730.00		First Named Inventor	Hiroyuki Shimada
		Examiner Name	K. C. Chen
		Art Unit	1765
		Attorney Docket No.	59521(48229)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
<u>8</u> - 20 = _____ x _____ = _____	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
_____ - 3 = _____ x _____ = _____	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
Total Sheets	Fee Paid (\$)
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____	
4. OTHER FEE(S)	
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	Fees Paid (\$)
1501 Utility issue fee	1,400.00
1504 Publication fee for early, voluntary, or normal ...	300.00
8005 Patent Application Publication (PAP)	30.00

SUBMITTED BY			
Signature	<u>George Chaclos</u>	Registration No. (Attorney/Agent)	46,608
Name (Print/Type)	George N. Chaclos	Telephone	(401) 276-6653
		Date	October 13, 2006

Attorney Docket No.: 59521(48229)

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Lisa A. Rollins

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Transmittal Form (1 page)
 Fee Transmittal (1 page)
 Part B - Fee(s) Transmittal (1 page)
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PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/678,994-Conf. #8918	
	Filing Date	October 3, 2003	
	First Named Inventor	Hiroyuki Shimada	
	Art Unit	1765	
	Examiner Name	K. C. Chen	
Total Number of Pages in This Submission	4	Attorney Docket Number	59521(48229)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	George N. Chaclas		
Date	October 13, 2006	Reg. No.	46,608